



# ST. CALLISTUS PARISH FAITH FORMATION PROGRAM

3580 San Pablo Dam Road • El Sobrante, CA 94803 • 510.222.0432 FF Office • 510.223.1153 Parish Office

## DIOCESE OF OAKLAND PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Child's Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Number \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### HEALTH AND MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (check all that apply):

Asthma     Heart     Eyes     Ears     Nose     Throat     Lungs

Digestion     Menstrual Problems     Fainting Spells     Convulsions     Diabetes

Any condition currently requiring medication? Name of medication \_\_\_\_\_

Allergy or reaction to ANY food or medication? Name of allergen(s) \_\_\_\_\_

Other \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition:

\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

(COMPLETE BACK OF FORM)

## PARENTAL PERMISSION AND ACKNOWLEDGMENT OF CONDITIONS FOR PARTICIPATING IN PROGRAM

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in St. Callistus Faith Formation, and all related activities, including but not limited to transportation to and from Faith Formation related events.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation staff or adult volunteer leaders.
3. I /we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, Faith Formation program employees, agents or volunteers or other participants.
4. I/we understand that children participating in Faith Formation events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in St. Callistus Faith Formation, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Faith Formation activities whether caused by the negligence of Releases or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

#### **Release Statement**

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Callistus Parish.

I have read this Agreement and understand everything written above.

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Signature of Parent or Guardian

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Date

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Signature of Parent or Guardian

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Date